

INTERPERSONNEL AGREEMENT (IPA)

NOTE: BU'S PROPOSAL SUMMARY FORM IS NOT SUITABLE FOR IPA ACTIONS

PRINCIPAL INVESTIGATOR | PROJECT DIRECTOR

Last Name	First Name	Email	
Lead Unit	Lead Unit Number	Department	School

PARTICIPATING EMPLOYEE

Last Name	First Name	Email	Phone Number
Cost Center Name	Cost Center Number	Department	School

ADMINISTRATIVE CONTACT

Last Name	First Name	Email
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PROPOSED TIMELINE & AGREEMENT INFORMATION

Funding Agency (if VA, specify location)	Transaction Type	Internal SAP Grant Number (if applicable)	
PROPOSED TIMELINE (Cannot be more than 12 months)			Are all dates within the current 48 month cycle listed on Page 1 Box 5 of the IPA document?
Start Date (mm/dd/yyyy)	Total number of months required	Total number of months of service on IPA since last break	Yes No
End Date (mm/dd/yyyy)			

BUDGET

CRC		MED		Are the following items included with this IPA Request? Signed I-9 Statement CV/Biosketch Declaration for Federal Employment (OF 306) Signed IPA Agreement
Base Salary (\$)	Summer Salary (\$)	Base Salary (\$)		
Fringe Benefit Rate (%)	Fringe Benefit Rate(%)	Fringe Benefit Rate (%)	Payroll Deadline (Date BU payroll data must be entered)	
Effort (%)	Summer Effort (%)	Effort (%)	Discretionary Source Number*	
Travel (\$)		Travel (\$)	*Will be charged if IPA is not executed in time for payroll, vacation payout is required, or other.	
TOTAL COMPENSATION automatically calculates	Click here to refresh	TOTAL COMPENSATION automatically calculates		

APPROVALS & SIGNATURES

By signing and accepting this IPA, you accept and understand that the BU department is responsible for all HR issues related to this employee.

PARTICIPATING EMPLOYEE

Name	Date
(printed, if not electronic signature)	

Signature / Electronic Signature

PRINCIPAL INVESTIGATOR

Name	Date
(printed, if not electronic signature)	

Signature / Electronic Signature

DEPARTMENT CHAIR

Name	Date
(printed, if not electronic signature)	

Signature / Electronic Signature

DEAN

Name	Date
(printed, if not electronic signature)	

Signature / Electronic Signature